



PACER Service Center (PSC)  
P.O. Box 780549  
San Antonio, TX 78229

REFUND FORM

Phone Number: (800) 676-6856, Fax Number (210) 301-6441, Email [pacer@psc.uscourts.gov](mailto:pacer@psc.uscourts.gov)

Complete this form and submit it along with a letter of request to receive a refund for payments made to the PACER Service Center. You may forward your documentation by fax or mail to the address listed above. Please allow 4-6 weeks for payment processing. In most cases refunds will be issued via electronic funds transfer or back to the credit card used originally. The refund will appear as a credit to your checking or savings account or your credit card statement. If you do not have a bank account, a check will be mailed to the address below. Complete Section I and IV for refund by credit card. Complete Section II and IV for refund by electronic check. Complete Section III and IV for refund by check. **Please type or print clearly.**

Login ID: \_\_\_\_\_ Firm Name: \_\_\_\_\_  
POC: \_\_\_\_\_

**Section I** Refund **credit card** previously used (check box and proceed to Section IV)

**Section II** **Payment Information** (Payment will be made by **Electronic Funds Transfer**)

<b>Payee:</b>		<b>Financial Institution:</b>	
Name:	_____	Name of bank:	_____
Address:	_____	City of bank:	_____ State of bank: _____
	_____	Zip of bank:	_____
City:	_____ State: _____	Routing Number:	_____
Zip:	_____	Account Number:	_____
Social Sec Num/Tax ID:	_____	Type of Acct: Checking:	Savings:

**Section III** If payee does not have a checking or savings account please check the box below.

I certify that I do not have a checking or savings account. I am requesting a **check payment**.

**Section IV**

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Printed name of payee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of payee

Fax this form to:  
(210) 301-6441

OR

Mail to:  
PACER Service Center  
PACER Registration  
P.O. Box 780549  
San Antonio, TX 78278-0549